

# 2016-2018 Member Application

Applicant's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Applicant's E-mail Address \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_

School Attending in September 2016 \_\_\_\_\_

Grade Attending in September 2016 \_\_\_\_\_

Parent's Names \_\_\_\_\_

Why would you like to be on the YAB? \_\_\_\_\_

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What issues do you feel are important or of concern to the youth in Louisville? \_\_\_\_\_

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Have you ever volunteered? If so, please tell us where and what your responsibilities were. \_\_\_\_\_

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What skills would you bring to the YAB? \_\_\_\_\_

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What are your hobbies? \_\_\_\_\_

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What do you think should be one of the goals for the upcoming school year for the YAB? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did anyone refer you to the YAB? If so, what is their name: \_\_\_\_\_  
\_\_\_\_\_

I understand that there is a certain amount of time (3-6 hours) I must be willing to commit monthly to be on the City of Louisville's Youth Advisory Board. I will attend all regularly scheduled meetings the first Thursday of each month in the evenings as well as other scheduled meetings/projects as set by the YAB.

\_\_\_\_\_  
Student's Signature Date

I understand that my child is applying for a position on the City of Louisville's Youth Advisory Board. I understand that the YAB is a two-year commitment (except in the case of seniors in HS). I will support my child if he/she is selected and assist them in getting to scheduled meetings and with projects of which they may choose to work.

\_\_\_\_\_  
Parent/Guardian Signature Date

**If you have any questions, visit the Youth Advisory Board page on the city's website at [www.louisvilleco.gov](http://www.louisvilleco.gov)**

**Return your application by 8:00 am, September 1, 2016 to:**

Mandy Perera, Staff Liaison

Louisville Recreation Center

900 W Via Appia, Louisville, CO 80027

Phone: 303-666-7400 Fax: 303-335-4961 E-mail: [mandyp@louisvilleco.gov](mailto:mandyp@louisvilleco.gov)